### **Managing Chronic Non-Cancer Pain**

## Movement-

based therapies

- Physical/occupational therapy
- Supervised/graded physical activity

### Integrative therapies

- Massage, counterstrain
- Chiropracty, acupuncture
- Supplements, antiinflammatory eating
- · Yoga, Tai Chi
- Mindfulness

# Behavioral therapies

- Individual therapy
- Depression/anxiety group
- Health/pain group
- Social engagement plan
- Cognitive Behavioral Therapy (CBT)

#### **Medication**

- NSAID/Acetaminophen
- Anticonvulsants
- Antidepressants
- Topical (lidocaine, capsacin)
- Immune modulators
- Muscle relaxants
- Buprenorphine
- Lowest effective opioid dose

#### **Procedures**

- Ice/heat
- Injections (joint, trigger point, epidural)
- Transcutaneous electrical nerve stimulation (TENS)
- Referrals (orthopedics, neurosurgery, pain clinic)

#### If opioid medication is part of the treatment plan, take the following steps:

- >> ASSESSMENTS OF RISK, ADHERENCE, FUNCTION AND PAIN: at least annually
- >> INFORMED CONSENT OR CONTROLLED SUBSTANCE AGREEMENT: at least annually
- >> CONTROLLED SUBSTANCE MONITORING PROGRAM: check CURES every 4 months
- >> PRESCRIBE NALOXONE: every two years

#### If managing opioid use disorder, options include:

- Prescribe buprenorphine
- Arrange for methadone maintenance or extended-release naltrexone
- Arrange for residential or outpatient treatment



These recommendations are general and informational only; specific clinical decisions should be made by providers on an individual case basis.

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